CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs. Sallie Allcutt

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rockerbrook — County: Kent.

Date of death: Month: July — Day: 30 — Year: 1904

Age: Years: 70 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bilious Dysentery — How long: 15 d

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. W. Thalard M.D.

Address: Rockerbrook Maryland

Accident or Suicide?

LIBRARY BUREAU AUDIO

Name in Full: Col. Name

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Town: Galena — County: Kent

Date of death: 1904 — Month: 7 — Day: 30 — Age: ~~Years~~ ~~Months~~ ~~Days~~

Sex: Female — Color or Race: Colored — Birthplace: Near Galena

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: ~~Sing~~ — Name of Wife or Husband:

Father's Name: dont no. — Father's Birthplace: dont no.

Mother's Maiden Name: Helen Blake. — Mother's Birthplace: Near Galena

Name of person giving information: — How related to deceased:

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Still Born. S. — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alice Bordley.

Address: Galena. Md,

Accident or Suicide?

LIBRARY BUREAU A88016

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ezekiel O. Blake

Died at: Town: Still Pond — County: Kent

Date of death: Month: July — Day: 31 — Years: 85 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: — —

Married, Single or Widowed: Widower — Name of Wife or Husband: — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: unknown — Father's Birthplace: —

Mother's Maiden Name: Unknown — Mother's Birthplace: —

Name of person giving information: John. W. Jones — How related to deceased: Step Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age. — How long: —

Immediate: Heart failure. — How long: several weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A8816

Skid Row

Name in Full: Harriett Permilia Brinkley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: Month: July; Day: 30; Year: 1904

Age: Years: 72; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Chestertown

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name: Dont Know

Father's Birthplace: ——

Mother's Maiden Name: Mary E. West

Mother's Birthplace: ——

Name of person giving information: Arminta Miller

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia, debility

How long: several years

Immediate: Exhaustion

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown, Md

Accident or Suicide?

LIBRARY BUREAU A88516

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Name in Full: Ackes: Brooks.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Georgetown — County: Kent.

Date of death: Month: July — Day: 24 — 1904

Age: Years: 4 — Months: 2. — Days: 8

Sex: Female — Color or Race: African — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~: Single — Name of Wife or Husband: —

Father's Name: George Brooke — Father's Birthplace: Md Kent Co

Mother's Maiden Name: Suzzie Wright — Mother's Birthplace: Md Kent Co

Name of person giving information: Wesley Wright — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Enteritis Complicated — How long: 4 days

Immediate: Peritonitis & Laceration — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank W Smith

Address: Fairlee Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Caroline Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Chestertown County: Kent

Date of death 1904 Month: July Day: 15

Age Years: 56 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Chestertown

Occupation: Laundress Where Residing if not at place of death: Chestertown

Married, Single or Widowed: Widowed Name of Wife or Husband: —

Father's Name: Robt Starling Father's Birthplace: Don't know

Mother's Maiden Name: Harriet G. ? Mother's Birthplace: " "

Name of person giving Information: Maggie Grave How related to deceased: Cousin

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric Ulcer How long: 6 months

Immediate: Gastric Ulcer How long: 6 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Barge Simmons

Address: Chestertown Md

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Lula Viola Carter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall; County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: July; Day: 24; 1904

Age: Years: ; Months: 8; Days: 8

Sex: Female

Color or Race: White

Birthplace: Rock Hall

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: William T. Carter

Father's Birthplace: Kent Co Md

Mother's Maiden Name: Martha H. Coleman

Mother's Birthplace: Kent Co Md

Name of person giving Information: William T. Carter

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cynanche Catarrhalis 1904

How long: 3 days

Immediate: Exhaustion

How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Kelly M.D.

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: John W. Chambers.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond creek County: Kent

Date of death: Month: July Day: 24 1904

Age: Years: 17 Months: 11 Days: 21

Sex: Male Color or Race: Black. Birthplace: Md

Occupation: Laborer. Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Chambers Father's Birthplace: Md

Mother's Maiden Name: Della Rain Mother's Birthplace: Md.

Name of person giving Information: Levi Johnston How related to deceased: Step father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of the Brain. How long: 11 days.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. S. Waxwell, M. D.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Union . Church.

Name in Full: William J Conelyn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sankford — County: Kent

Date of death 1907: Month: July — Day: 5 — Age: Years: 65 — Months: 4 — Days: 4

Sex: Mall — Color or Race: White — Birthplace: Cecil Co Md

Occupation: Carpenter — Where Residing if not at place of death: Sankford Md

Married, Single or Widowed: Married — Name of Wife or Husband: Augusta Conelyn

Father's Name: James Conelyn — Father's Birthplace: Cecil Co

Mother's Maiden Name: Ellen — Mother's Birthplace: Cecil Co

Name of person giving Information: James Conelyn — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: ~~1 year~~ 7 months

Immediate: Paralysis. — How long: 24 hours after attack 15 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Benge Simmons

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Harriett Dare

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Millington | County: Kent

Date of death: Month: 9 | Day: 10 | Years: Age 14 | Months: 6 | Days:

Sex: Female | Color or Race: Colored | Birthplace:

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: | How long:

Immediate: Typhoid Fever | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. P. Gowman

Address:

Accident or Suicide? Duplicate issued by Sub. Reg.

PHYSICIAN OR CORONER

LIBRARY BUREAU A8W316

Name in Full: Jane Taylor Diehl

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death 1904: Month: July — Day: 8

Age: Years: 81 — Months: 5 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Phila. Pa.

Occupation: House Wife — Where Residing if not at place of death: Rock Hall Md.

Married, Single or Widowed: Widow — Name of Husband: Samuel Diehl

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Hugg — Father's Birthplace: Phila. Pa.

Mother's Maiden Name: Mariah Bolden — Mother's Birthplace: Phila. Pa.

Name of person giving information: Myra T. Mashin — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility — How long: 3 months

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. O. Selby M. D.

Address: Rock Hall, Kent Co.

Accident or Suicide?

LIBRARY BUREAU A8S9T6

Name in Full: Wilson Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond — County: Kent Co

Date of death: Month: July — Day: 9 — Year: 1904

Age: Years: — Months: 1 — Days: 14

Sex: Male — Color or Race: Blk — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Richard Fisher — Father's Birthplace: Md

Mother's Maiden Name: Unice Wilson — Mother's Birthplace: Md

Name of person giving Information: Willie Wright — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus. — How long: since birth.

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. S. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Still Pond

Name in Full: Mary Jane Gale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Chestnuville; County: Kent

Date of death 1904: Month: July; Day: 19

Age: Years: 68; Months: 10; Days: 4

Sex: Female; Color or Race: White; Birthplace: Kent Co. Del.

Married, Single or Widowed: Widow; Occupation: House Keeper

Name of ~~Wife or~~ Husband: Wm W. Gale (Dec'd)

Father's Name: John Deputy; Father's Birthplace: Del.

Mother's Maiden Name: Mary J Welsh; Mother's Birthplace: Del.

Name of person giving In formation: Mrs Florence A Jarrell; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarh of Stomach; How long: one Year

Immediate: Gastric Ulcer; How long: 4 Mos

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: F. N. Sheppard

Address: Crumpton Md.

Accident or Suicide?

LIBRARY BUREAU A29S18

Name in Full: Clarence Graves

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Millington | County: Kent

Date of death: 1904 | Month: July | Day: 6 | Age: Years: 26 | Months | Days

Sex: Male | Color or Race: Colored | Birthplace

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

Immediate: Consumption | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Rose

Address

Accident or Suicide? Duplicate issued by Clerk Reg

LIBRARY BUREAU A2818

Certificate made out by J. L. Smith
Undertaker upon information from
family

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1[illegible]

Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Saint Theodosius

Smith

Name in Full: Clarence Hensley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Millington — County: Kent

Date of death 1904: Month: July — Day: 19 — Age: Years: 15 — Months: 10 — Days:

Sex: Male — Color or Race: Colored — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Tuberculosis — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. P. Gorman

Address:

Accident or Suicide?

Duplicate issued by Dept. Hy

LIBRARY BUREAU A6681G

Name in Full: Arthur E Jenkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown; County: Kent

Date of death: Month: July; Day: 19; 1904; Age: Years: 27; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Chestertown

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Wm Bird; Father's Birthplace:

Mother's Maiden Name: Ida Jenkins; Mother's Birthplace: Balto. Md

Name of person giving In formation: Charlotte Mc Daniel; How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis; How long: 10 days

Immediate: Uraemia; How long: Several hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W G Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88818

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Alfred Johnson

Died at — Town: Pomona — County: Kent

Date of death: 1904 — Month: July — Day: 4 — Age: 54 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Kent Co

Occupation: Laborer — Where Residing if not at place of death: Pomona

Married, Single or Widowed: Married — Name of Wife or Husband: Lizzie Johnson

Father's Name: — Father's Birthplace: Kent Co

Mother's Maiden Name: — Mother's Birthplace: Kent Co

Name of person giving Information: Jane Johnson — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrh of Stomach — How long: 8 years

Immediate: " " " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? No.

Signature of Physician: H. Bunge Simmons

Address: Chestertown Md

PHYSICIAN OR CORONER

LIBRARY MURLAS 483316

Name in Full: William McKenzie Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sharpstown — County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: July — Day: 17 — Age: Years: — Months: 4 — Days:

Sex: Male — Color or Race: colored — Birthplace: Grays Town Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: W. H. Johnson — Father's Birthplace: Queen Co Md

Mother's Maiden Name: Elizabeth Hand 105 — Mother's Birthplace: " "

Name of person giving Information: Relation — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scholera Infantum — How long: Two weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. W. L. Beall Coroner

Address: Rock Hall

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Rev James B. Merrett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Worton — County: Kent

Date of death: Month: July — Day: 8 — Year: 1904 — Age: Years: 77 — Months: 9 — Days: 17

Sex: male — Color or Race: White — Birthplace: Kent Co Md

Occupation: Minister — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Hannah O Webb

Father's Name: Benjamin Merrett — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Eliza J. Black — Mother's Birthplace: Dont Know

Name of person giving Information: Mrs H.P. Merritt — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Heart Failure — How long: A few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Hessey

Address: Hamsville Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88618

Shrewsbury

Name in Full: Samuel A. Merritt

CERTIFICATE OF DEATH

MARYLAND

Died at (not Town) Locust Grove — Town — County: Kent

Date of death: 1904 — Month: July — Day: 29 — Years: Age 75 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Kent Co Md

Occupation: Farming — Where Residing if not at place of death: Kent Co Md

Married, Single or Widowed: Married — Name of Wife or Husband: Laura S. Merritt.

Father's Name: Benj. Merritt — Father's Birthplace: Md

Mother's Maiden Name: Eliza J. Black — Mother's Birthplace: Md.

Name of person giving In formation: Mrs Laura S Merritt — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris. 90. — How long: 8 hours

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. W. Barwick M.D.

Address: Kennedyville Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Shrewsbury

Name in Full: Myrtle Perry

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown; County: Kent

Date of death: Month: July; Day: 4; Age: Years: 1904; Months: 9; Days: 10

Sex: Female; Color or Race: White; Birthplace: Chestertown

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Chas F. Perry; Father's Birthplace: Balto Md

Mother's Maiden Name: Annie Johnson; Mother's Birthplace: Kent Co Md

Name of person giving In formation: Annie Perry; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Convulsions; How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88616

Name in Full: Richard Murray Smyth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkie; County: Kent.

Date of death: 1904 July 28; Age: Years 37, Months —, Days 8

Sex: Male; Color or Race: White; Birthplace: Parkie Md

Occupation: Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Richard C. Smyth; Father's Birthplace: Kent Co Md

Mother's Maiden Name: Wilhelmina Appleton; Mother's Birthplace: Del.

Name of person giving In formation: Jesse H. Wallace; How related to deceased: Cousin.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Gastritis Enteritis; How long: 8 Days

Immediate: Perforation and Peritonitis; How long: 17 Hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Frank W Smith M.D.

Address: Parkie. Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: John Henry Vernon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: July; Day: 3rd; Age: Years: 54; Months: 6; Days: 5

Sex: Male; Color or Race: White; Birthplace: Baltimore

Occupation: Merchant; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Hester V Jones

Father's Name: John A. Vernon; Father's Birthplace:

Mother's Maiden Name: Harriett Boone; Mother's Birthplace:

Name of person giving Information: Hester V Vernon; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic interstitial nephritis; How long: 3yrs

Immediate: Coma; How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88618

Name in Full — Certificate of Death

Richard Ward.

Town — County

Died at Georgetown Kent. MARYLAND

Month Day — Y. M. D. — Native of — Occupation

Date of Death July 23 — Age 64 — Native of Maryland — Occupation

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ Widower — Divorced

Number of children living 1

Husband of Wife Lillie Ward.

Father's Name Richard Ward — Mother's Name Anna Ward.

Cause of Death — Primary Heart & Lung dis. — How long sick 2 yrs.

Immediate Heart failure.

Accident, Suicide, Homicide

Reported by Chas. W. Holland, M.D.

Address Georgetown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78756

Name in Full: Harriett White

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Millington — County: Kent

Date of death 190 4 — Month: July — Day: 4 — Age: Years: 18 — Months: 4 — Days: 4

Sex: Female — Color or Race: Colored — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. P. Bowman

Address:

Accident or Suicide? Duplicate issued by Reg

LIBRARY BUREAU A8981G

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Harold Leander Wilson

Died at (Town): Piney Neck (County): Kent Co.

Date of death: 1904 (Month): July (Day): 13

Age (Years): — (Months): — (Days): 10

Sex: male

Color or Race: White

Birthplace: Piney Neck

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alphues Leanders Wilson

Father's Birthplace: Piney Neck Md

Mother's Maiden Name: Matilda Adline Bryden

Mother's Birthplace: Piney Neck Md

Name of person giving In formation: Mother of child

How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition

How long: from Birth

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Beall M.D.

Address: Rock Hall md

Accident or Suicide?

LIBRARY BUREAU A88316